



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.

The HSCSN drug formulary is adopted from Managed Medicaid Template developed by an independent National Pharmacy and Therapeutics (P&T) Committee contracted to CVS Health. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs.

Table of Contents

Analgesics	1-2
Analgesic, Other	1
NSAIDs	1
NSAIDs, Topical	1
Cox-2 Inhibitors	1
Gout	1
Opioid Analgesics	2
Non-Opioid Analgesics	2
Viscosupplements	2
Anti-Infectives	2-5
Antibacterials	2
Antifungals	3
Antimalarials	4
Antitubercular Agents	4
Antivirals	4
Miscellaneous	5
Antineoplastic Agents	5-8
Alkylating Agents	5
Antimetabolites	6
Hormonal Antineoplastic Agents	6
Immunomodulators	6
Kinase Inhibitors	6
Kinase Inhibitors for CML	7
Multiple Myeloma	7
Miscellaneous	8

Cardiovascular -----8-12

Ace Inhibitors, Ace Inhibitor/Calcium Channel Blocker Combinations..... 8

Ace Inhibitor/Diuretic Combinations..... 8

Adrenolytics, Central..... 8

Aldosterone Receptor Antagonists..... 8

Alpha Blockers..... 9

Angiotensin II Receptor Antagonists/Diuretic Combinations..... 9

Antiarrhythmics 9

Antilipemics 9

Beta Blockers..... 10

Beta Blocker/Diuretic Combinations..... 10

Calcium Channel Blockers..... 10

Digitalis Glycosides..... 11

Diuretics..... 11

Heart Failure..... 11

Nitrates..... 12

Pulmonary Arterial Hypertension..... 12

Miscellaneous..... 12

Central Nervous System ----- 12-19

Antianxiety..... 12

Anticonvulsants..... 13

Antidepressants..... 14

Antiparkinsonian Agents..... 15

Antipsychotics..... 15

Attention Deficit Hyperactivity Disorder..... 16

Fibromyalgia..... 17

Hypnotics..... 17

Migraine..... 17

Mineralocorticoid..... 18

Mood Stabilizers..... 18

Movement Disorders..... 18

Multiple Sclerosis Agents..... 18

Musculoskeletal Therapy Agents..... 18

Myasthenia Gravis..... 19

Narcolepsy.....	19
Psychotherapeutic Miscellaneous.....	19
Miscellaneous.....	19
Endocrine and Metabolic.....	20-25
Acromegaly.....	20
Androgens.....	20
Antidiabetics.....	20
Diabetic Supplies.....	21
Calcium Receptor Antagonists.....	21
Calcium Regulators.....	21
Contraceptives.....	21
Monophasic.....	21
Biphasic.....	22
Triphasic.....	22
Progestin.....	23
Emergency Contraceptives.....	23
Contraception Injectable.....	23
Vaginal Transdermal.....	23
Vaginal.....	23
Miscellaneous.....	23
Endometriosis.....	23
Estrogens.....	23
Estrogen/Progestins.....	23
Gaucher Disease.....	24
Glucocorticoids.....	24
Glucose Elevating Agents.....	24
Hereditary Tyrosinemia Type 1 Agents.....	24
Human Growth Hormones.....	24
Hyperparathyroid Treatment, Vitamin D Analogs.....	24
Mineralocorticoid Receptor Antagonist.....	24
Phenylketonuria Treatment Agents.....	25
Phosphate Binder Agents.....	25
Potassium Removing Agents.....	25

Progestins.....	25
Selective Estrogen Receptor Modulators.....	25
Thyroid Agents.....	25
Urea Cycle Disorders.....	25
Vasopressin Receptor Antagonists.....	25
Vasopressins.....	25
Miscellaneous.....	25
Gastrointestinal	26-28
Antacids.....	26
Antidiarrheals.....	26
Antiemetics.....	26
Antispasmodics.....	26
Cholelitholytics.....	26
H ₂ Receptor Antagonists.....	26
Inflammatory Bowel Disease.....	26
Irritable Bowel Syndrome.....	27
Laxatives/Stool Softeners.....	27
Opioid Induced Constipation.....	28
Pancreatic Enzymes.....	28
Prostaglandins.....	28
Proton Pump Inhibitors.....	28
Saliva Stimulants.....	28
Steroids, Rectal.....	28
Miscellaneous.....	28
Genitourinary	28-29
Benign Prostatic Hyperplasia.....	28
Urinary Antispasmodics.....	28
Vaginal Anti-infectives.....	29
Miscellaneous.....	29
Hematologic	29-30
Anticoagulants.....	29
Hematopoietic Growth Factors.....	29
Hemophilia-A Agents.....	29

Hereditary Angioedema Agents.....	30
Thrombocytopenia Agents	30
Paroxysmal Nocturnal Hemoglobinuria (PNH) Agents.....	30
Platelet Aggregation Inhibitors.....	30
Platelet Synthesis Inhibitors.....	30
Miscellaneous.....	30
Immunologic Agents -----	30-31
Autoimmune Agents.....	30
Disease Modifying Agents.....	30
Immunomodulators.....	30
Immunosuppressants.....	31
Nutritional/Supplements -----	31-32
Electrolytes.....	31
Vitamins and Minerals.....	32
Respiratory -----	32-35
Anaphylaxis Treatment Agents.....	32
Alpha-1 Antitrypsin Deficiency Agents.....	32
Anticholinergics.....	32
Anticholinergic/Beta Agonist Combinations.....	32
Anticholinergic/Beta Agonist/ Steroid Combinations.....	33
Antihistamines Low Sedating.....	33
Antihistamines Non-Sedating.....	33
Antihistamines Sedating.....	33
Antihistamine Decongestant Combinations.....	33
Antitussives.....	33
Antitussive Combinations.....	33
Non-Opioid.....	34
Beta Agonists.....	34
Cystic Fibrosis.....	34
Decongestants.....	35
Decongestants/ Expectorant Combinations.....	35
Expectorants.....	35
Leukotriene Receptor Antagonists.....	35

Mast Cell Stabilizers.....	35
Medical Supplies.....	35
Nasal Antihistamines.....	35
Nasal Steroids.....	35
Pulmonary Fibrosis Agents.....	35
Respiratory Syncytial Virus.....	35
Severe Asthma Agents.....	35
Steroid/Beta Agonist Combinations.....	35
Steroid Inhalants.....	36
Xanthines.....	36
Miscellaneous.....	36
Topical.....	36-42
Dermatology.....	36
Mouth/Throat/Dental Agents.....	41
Ophthalmic.....	41
Otic.....	42
Vaginal.....	42

DRUG	TIER	NOTES
ANALGESICS		
Analgesics, Other		
acetaminophen tab, elixir, chew	Preferred	OTC, QL
acetaminophen supp 80mg, 120mg,325mg, 650mg	Preferred	OTC, QL
Advil®	Non-Preferred	OTC
Aleve®	Non-Preferred	OTC
ibuprofen caps200mg; chew 100mg;susp50mg/1.25ml; 100mg/5ml;tabs 100mg, 200mg,400mg,600mg, 800mg	Preferred	OTC & Rx
Tylenol® tab, elixir, supp, chew	Non-Preferred	OTC, QL
NSAIDs		
Daypro®	Non-Preferred	
diclofenac potassium tabs 50mg	Preferred	
diclofenac sodium delayed-rel 100mg	Preferred	
diclofenac sodium ext-rel 25mg, 50mg, 75mg	Preferred	
diflunisal	Preferred	
ketorolac tromethamine tabs 10mg	Preferred	QL (20tabs per 25 days)
etodolac caps 200mg, 300mg,[tabs 400mg, 500mg, 600mg; tb24 400mg, 500mg, 600mg	Preferred	
flurbiprofen tabs 50mg, 100mg	Preferred	
meloxicam	Preferred	
Mobic®	Non-Preferred	
nabumetone	Preferred	
Naprosyn®	Non-Preferred	
naproxen	Preferred	OTC & Rx
oxaprozin	Preferred	
sulindac	Preferred	
NSAIDs, Topical		
diclofenac sodium gel	Preferred	OTC, QL (300gms per 25 days)
Voltaren Gel®	Non-Preferred	OTC, QL (300gms per 25 days)
Cox-2 Inhibitors		
Celebrex®	Non-Preferred	PA
Celecoxib capsule 50mg, 100mg, 200mg, 400mg	Preferred	PA
Gout		
allopurinol 100mg, 300mg	Preferred	
colchicine 0.6mg	Preferred	QL (60 caps per 25 DS, 120 tabs per 25 DS)
Colcris® 0.6mg	Non-Preferred	QL (60 caps per 25 DS, 120 tabs per 25 DS)
Probenecid 500mg tablets	Preferred	
Zyloprim®	Non-Preferred	

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 Pharmacy Member Services (866) 885-4944; Pharmacy Provider Services (877) 433-7643; www.caremark.com

DRUG	TIER	NOTES
Opioid Analgesics		
codeine/acetaminophen	Preferred	QL (90 MME per DY)
Dilaudid®	Non-Preferred	QL (90 MME per DY)
Duragesic	Non-Preferred	QL (90 MME per DY)
fentanyl transdermal patch	Preferred	QL (90 MME per DY)
hydrocodone/acetaminophen	Preferred	QL (2.5 mg: 360 QY per 25 DS, 5 mg: 240 QY per 25 DS, 7.5 mg: 180 QY per 25 DS, 10 mg: 180 QY per 25 DS)
hydromorphone tabs	Preferred	QL (90 MME per DY)
methadone tabs 5 mg, 10 mg	Preferred	QL (90 MME per DY)
morphine ext-rel	Preferred	QL (90 MME per DY)
morphine	Preferred	QL (90 MME per DY)
MS Contin®	Non-Preferred	QL (90 MME per DY, 7 DY)
Norco®	Non-Preferred	QL (10 mg: 180 QY per 25 DS)
oxycodone	Preferred	QL (90 MME per DY)
oxycodone/acetaminophen tabs, soln	Preferred	QL (90 MME per DY)
oxycodone/aspirin	Preferred	QL (90 MME per DY)
Percocet®	Non-Preferred	QL (90 MME per DY)
Percodan®	Preferred	QL (90 MME per DY)
tramadol 50mg	Preferred	PA
tramadol ext-rel tabs 100mg, 200mg, 300mg	Preferred	PA
tramadol/acetaminophen 37.5-325mg	Preferred	PA, QL (40 QY per 25 DS)
Ultracet®	Non-Preferred	PA, QL (40 QY per 25 DS)
Ultram®	Non-Preferred	PA
Ultram ER®	Non-Preferred	PA
Non-Opioid Analgesics		
butalbital/aspirin/codeine/caffeine	Preferred	QL (60 QY per 25 DS)
Viscosupplements		
Gel-one®	Preferred	PA, SP
Visco-3®	Preferred	PA, SP
ANTI-INFECTIVES		
Antibacterials		
amoxicillin	Preferred	
amoxicillin/clavulanate	Preferred	
ampicillin	Preferred	
Augmentin®	Non-Preferred	
azithromycin	Preferred	
Bicillin L-A®	Preferred	only available as brand
cefadroxil	Preferred	
cefdinir	Preferred	
cefprozil	Preferred	
cefuroxime axetil	Preferred	

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DRUG	TIER	NOTES
cephalexin	Preferred	
Cipro®	Non-Preferred	
ciprofloxacin ext-rel	Preferred	
ciprofloxacin tabs	Preferred	
clarithromycin	Preferred	
clarithromycin ext-rel	Preferred	
dicloxacillin	Preferred	
doxycycline hyclate caps	Preferred	
doxycycline hyclate tabs	Preferred	
doxycycline monohydrate susp	Preferred	
E.E.S.®	Non-Preferred	
erythromycin base	Preferred	
erythromycin delayed-rel	Preferred	
erythromycin ethyl succinate	Preferred	
erythromycin stearate	Preferred	
Keflex®	Non-Preferred	
levofloxacin	Preferred	
Minocin®	Non-Preferred	
minocycline	Preferred	
neomycin	Preferred	
penicillin G inj	Preferred	
penicillin VK	Preferred	
sulfadiazine	Preferred	
sulfamethoxazole/trimethoprim	Preferred	
sulfamethoxazole/trimethoprim DS	Preferred	
tetracycline 250mg , 500mg capsules	Preferred	QL; Initial Limit: 120 capsules per 25 days; Post-Limit PA: Requested drug will not be used in a footbath AND if being prescribed for certain indications, additional quantities will be approved.
Vibramycin® capsule/tablets	Non-Preferred	
Zerbaxa® inj	Preferred	PA (only available as brand)
Zithromax®	Non-Preferred	
Antifungals		
clotrimazole troches 10mg	Preferred	QL; Initial Limit: 90 lozenges per 25 days Post-Limit PA: Requested drug is being used for the treatment of oropharyngeal candidiasis AND will not be used in a footbath. Post-limit allows for approval of additional quantities.

DRUG	TIER	NOTES
Diflucan®	Non-Preferred	
fluconazole	Preferred	
griseofulvin microsize susp	Preferred	
griseofulvin ultramicrosize	Preferred	
itraconazole caps	Preferred	PA, (QL 4 per DY)
nystatin	Preferred	
Sporanox®	Non-Preferred	PA, (QL 4 per DY)
terbinafine tabs	Preferred	QL (90 QY per 365 DY)
Vfend®	Non-Preferred	PA
voriconazole 50mg, 200mg, 40mg susp	Preferred	PA
Antimalarials		
atovaquone/proguanil	Preferred	QL (23 QY per 180 DY)
chloroquine	Preferred	QL (8 QY per 180 DY)
Malarone®	Non-Preferred	QL (23 QY per 180 DY)
mefloquine	Preferred	QL (8 QY per 180 DY)
Antitubercular Agents		
ethambutol	Preferred	
isoniazid	Preferred	
Myambutol®	Non-Preferred	
pyrazinamide	Preferred	
Rifadin®	Non-Preferred	
rifampin	Preferred	
Antivirals		
acyclovir caps, susp, tabs	Preferred	
adefovir dipivoxil	Preferred	
Baraclude® tabs/ soln	Non-Preferred	
entecavir tabs/soln	Preferred	
Epivir-HBV®	Non-Preferred	
famciclovir	Preferred	
chloroquine	Preferred	QL (8 QY per 180 DY)
Malarone®	Non-Preferred	QL (23 QY per 180 DY)
mefloquine	Preferred	QL (8 QY per 180 DY)
Hepsera®	Non-Preferred	
lamivudine	Preferred	
Mavyret®	Preferred	PA, SP, QL *genotypes 1,2,3,4,5,6
oseltamivir	Preferred	QL (30 mg: 40 QY per 90 DY, 45 mg: 20 QY per 90 DY, 75 mg: 20 QY per 90 DY, susp: 300 mL per 90 DY)
ribavirin 200 mg caps/tabs	Preferred	PA, SP
Tamiflu®	Non-Preferred	QL (30 mg: 40 QY per 90 DY, 45 mg: 20 QY per 90 DY, 75 mg: 20 QY per 90 DY, susp: 300 mL per 90 DY)

DRUG	TIER	NOTES
valacyclovir	Preferred	
Valcyte®	Non-Preferred	PA, SP
valganciclovir	Preferred	SP
Valtrex®	Non-Preferred	
Zovirax®	Non-Preferred	
Miscellaneous		
atovaquone	Preferred	
Cleocin®	Non-Preferred	
clindamycin	Preferred	
dapsone	Preferred	
Daraprim®	Non-Preferred	
Emverm®	Non-Preferred	QL (12 QY per 365 DY)
Flagyl®	Non-Preferred	
Furadantin®	Non-Preferred	
ivermectin	Preferred	
linezolid 600mg tab, 100mg susp	Preferred	PA
linezolid inj 2mg	Preferred	PA
Macrobid®	Non-Preferred	
Macrochantin®	Non-Preferred	
Mepron®	Non-Preferred	
metronidazole	Preferred	
Mycobutin®	Non-Preferred	
nitrofurantoin monohydrate	Preferred	
nitrofurantoin macrocrystals	Preferred	
nitrofurantoin susp 25mg/5ml	Preferred	
pyrantel - Reeses Pinworm Medicine	Preferred	OTC
pyrimethamine	Preferred	
rifabutin	Preferred	
Stromectol®	Non-Preferred	
trimethoprim	Preferred	
Vancocin®	Non-Preferred	QL (80 QY per 10 DS)
vancomycin	Preferred	QL (80 QY per 10 DS)
Xifaxan®	Non-Preferred	PA
Zyvox®	Non-Preferred	
ANTINEOPLASTIC AGENTS		
Alkylating Agents		
Alkeran®	Non-Preferred	
busulfan	Preferred	
chlorambucil	Preferred	
cyclophosphamide caps	Preferred	
Gleostine®	Preferred	
Leukeran®	Non-Preferred	

DRUG	TIER	NOTES
melphalan	Preferred	
Myleran®	Preferred	
Temodar®	Non-Preferred	PA, SP
temozolomide	Preferred	PA, SP
Antimetabolites		
capecitabine	Preferred	PA, SP, QL
Kanjinti solution	Preferred	PA, SP
Kanjinti inj	Preferred	PA, SP
methotrexate	Preferred	
mercaptopurine	Preferred	
Mvasi inj	Preferred	PA, SP
Mvasi inj	Preferred	
Trexall®	Preferred	
Zirabev inj	Preferred	PA, SP
Zirabev inj	Preferred	
Xeloda	Non-Preferred	PA, SP, QL
Hormonal Antineoplastic Agents		
abiraterone	Preferred	
anastrozole	Preferred	
Arimidex®	Non-Preferred	
Aromasin®	Non-Preferred	
bicalutamide	Preferred	
Casodex®	Non-Preferred	
Eligard®	Preferred	PA, SP
exemestane	Preferred	
flutamide	Preferred	
fulvestrant	Preferred	PA, SP
Femara®	Non-Preferred	
Fareston®	Non-Preferred	
Faslodex®	Non-Preferred	PA, SP
letrozole	Preferred	
leuprolide acetate 5mg/ml inj	Preferred	PA, SP
megestrol acetate	Preferred	
tamoxifen	Preferred	
toremifene	Preferred	
Immunomodulators		
Revlimid®	Preferred	PA, SP
Thalomid®	Preferred	PA, SP, QL
Kinase Inhibitors		
Afinitor®	Non-Preferred	PA, SP, QL
Alecensa®	Preferred	PA, SP, QL
Cabometyx®	Preferred	PA, SP, QL
Calquence®	Preferred	PA, SP, QL
Caprelsa®	Preferred	PA, SP, QL

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DRUG	TIER	NOTES
Cometriq®	Preferred	PA, SP, QL
erlotinib	Preferred	PA, SP, QL
everolimus	Preferred	PA, SP, QL
Gilotrif®	Preferred	PA, SP, QL
Imbrovica®	Preferred	PA, SP, QL
Inlyta®	Preferred	PA, SP, QL
Jakafi®	Preferred	PA, SP, QL
Lenvima® cap therapy pak	Preferred	PA, SP, QL
Lorbrena®	Preferred	PA, SP, QL
Mekinist®	Preferred	PA, SP, QL
Verzenio tablets®	Preferred	PA, SP, QL
Rydapt®	Preferred	PA, SP, QL
Rozlytrek®	Preferred	PA, SP, QL
Stivarga®	Preferred	PA, SP, QL
Sutent®	Preferred	PA, SP, QL
Tafinlar®	Preferred	PA, SP, QL
Tarceva®	Non-Preferred	PA, SP, QL
Turysa®	Preferred	PA, SP, QL
Tykerb®	Preferred	PA, SP, QL
Votrient®	Preferred	PA, SP, QL
Xalkori®	Preferred	PA, SP, QL
Zelboraf®	Preferred	PA, SP, QL
Zydelig®	Preferred	PA, SP, QL
Kinase Inhibitors For CML		
Gleevec®	Non-Preferred	PA, SP
imatinib mesylate	Preferred	PA, SP
Multiple Myeloma		
Revlimid®	Preferred	PA, SP
Thalomid®	Preferred	PA, SP, QL
Miscellaneous		
bexarotene caps	Preferred	PA, SP
etoposide	Preferred	
Erivedge®	Preferred	PA, SP, QL
Farydak®	Preferred	PA, SP
Hydrea®	Non-Preferred	
hydroxyurea	Preferred	
Idhifa®	Non-Preferred	PA, SP
leucovorin	Preferred	
Lynparza®	Preferred	
Lysodren®	Preferred	PA, SP
Matulane®	Preferred	
Ninlaro®	Preferred	PA, SP, QL
Rubraca®	Preferred	
Targretin®	Non-Preferred	PA, SP

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DRUG	TIER	NOTES
tretinoin caps	Preferred	
Velcade® inj 3.5mg	Preferred	PA, SP, QL
Venclexta®	Preferred	PA, SP
Vistogard®	Preferred	
Xospata®	Preferred	PA, SP, QL
Zejula®	Preferred	PA, SP
Zolinza®	Preferred	PA, SP
CARDIOVASCULAR		
Ace Inhibitors		
Accupril®	Non-Preferred	
Altace®	Non-Preferred	
benazepril	Preferred	
captopril	Preferred	
enalapril	Preferred	
fosinopril	Preferred	
lisinopril	Preferred	
Lotensin®	Non-Preferred	
quinapril	Preferred	
ramipril	Preferred	
trandolapril	Preferred	
Vasotec®	Non-Preferred	
Zestril®	Non-Preferred	
Ace Inhibitor/Calcium Channel Blocker		
amlodipine/benazepril	Preferred	
Lotrel®	Non-Preferred	
Ace Inhibitor/Diuretic Combinations		
Accuretic®	Non-Preferred	
benazepril/hydrochlorothiazide	Preferred	
captopril/hydrochlorothiazide	Preferred	
enalapril/hydrochlorothiazide	Preferred	
fosinopril/hydrochlorothiazide	Preferred	
lisinopril/hydrochlorothiazide	Preferred	
Lotensin HCT®	Non-Preferred	
quinapril/hydrochlorothiazide	Preferred	
Vaseretic®	Non-Preferred	
Zestoretic®	Non-Preferred	
Adrenolytics, Central		
Catapres®	Non-Preferred	
clonidine	Preferred	
Catapres-TTS®	Non-Preferred	
clonidine transdermal	Preferred	
guanfacine	Preferred	
Aldosterone Receptor Antagonists		
Aldactone®	Non-Preferred	

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DRUG	TIER	NOTES
eplerenone	Preferred	
Inspira®	Non-Preferred	
spironolactone	Preferred	
Alpha Blockers		
Cardura®	Non-Preferred	
doxazosin	Preferred	
Minipress®	Non-Preferred	
prazosin	Preferred	
terazosin	Preferred	
Angiotensin II Receptor Antagonists/Diuretic Combinations		
Avalide®	Non-Preferred	
Avapro®	Non-Preferred	
Cozaar®	Non-Preferred	
Diovan®	Non-Preferred	
Diovan HTC®	Non-Preferred	
Hyzaar®	Non-Preferred	
irbesartan	Preferred	
irbesartan/hydrochlorothiazide	Preferred	
losartan	Preferred	
losartan/hydrochlorothiazide	Preferred	
valsartan	Preferred	
valsartan/hydrochlorothiazide	Preferred	
Antiarrhythmics		
amiodarone 200 mg	Preferred	
Betapace® / Betapace AF®	Non-Preferred	
Norpace CR®	Non-Preferred	
disopyramide	Preferred	
dofetilide	Preferred	PA
flecainide	Preferred	
Norpace®	Non-Preferred	
propafenone	Preferred	
propafenone ext-rel	Preferred	
Rythmol SR®	Non-Preferred	
sotalol	Preferred	
Tikosyn®	Non-Preferred	PA
Antilipemics		
atorvastatin	Preferred	
Crestor®	Non-Preferred	
cholestyramine	Preferred	
Colestid®	Non-Preferred	
colestipol	Preferred	
ezetimibe	Preferred	
fenofibrate	Preferred	
fenofibrate caps 67 mg, 134 mg, 200 mg	Preferred	

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DRUG	TIER	NOTES
gemfibrozil	Preferred	
Lipitor®	Non-Preferred	
Lopid®	Non-Preferred	
lovastatin	Preferred	
niacin ext-rel	Preferred	
Niaspan®	Non-Preferred	
Pravachol®	Non-Preferred	
pravastatin	Preferred	
rosuvastatin	Preferred	
Questran/Questran Light®	Non-Preferred	
Repatha®	Preferred	PA, SP, QL
simvastatin	Preferred	
Tricor®	Non-Preferred	
Vascepa®	Preferred	
Zetia®	Non-Preferred	
Zocor®	Non-Preferred	
Beta-Blockers		
atenolol	Preferred	
bisoprolol	Preferred	
carvedilol	Preferred	
Coreg®	Non-Preferred	
Corgard®	Non-Preferred	
Inderal LA®	Non-Preferred	
labetalol	Preferred	
Lopressor®	Non-Preferred	
metoprolol succinate ext-rel	Preferred	
metoprolol tartrate	Preferred	
nadolol	Preferred	
pindolol	Preferred	
propranolol	Preferred	
propranolol ext-rel	Preferred	
Tenormin®	Non-Preferred	
timolol	Preferred	
Toprol-XL®	Non-Preferred	
Beta-Blocker/Diuretic Combinations		
atenolol/chlorthalidone	Preferred	
bisoprolol/hydrochlorothiazide	Preferred	
Lopressor HCT®	Non-Preferred	
metoprolol/hydrochlorothiazide	Preferred	
Tenoretic®	Non-Preferred	
Ziac®	Non-Preferred	
Calcium Channel Blockers		
Adalat CC®	Non-Preferred	

DRUG	TIER	NOTES
amlodipine	Preferred	
Calan SR®	Non-Preferred	
Cardizem®	Non-Preferred	
Cardizem CD®	Non-Preferred	
Cardizem LA®	Non-Preferred	
diltiazem	Preferred	
diltiazem ext-rel	Preferred	
diltiazem ext-rel, except 120 mg	Preferred	
felodipine ext-rel	Preferred	
nifedipine ext-rel	Preferred	
Norvasc®	Non-Preferred	
Procardia XL®	Non-Preferred	
Tiazac®	Non-Preferred	
verapamil ext-rel	Preferred	
Verelan PM®	Non-Preferred	
Digitalis Glycosides		
digoxin	Preferred	
digoxin ped elixir	Preferred	
Lanoxin®	Non-Preferred	
Diuretics		
acetazolamide	Preferred	
acetazolamide ext-rel	Preferred	
Aldactazide®	Non-Preferred	
amiloride	Preferred	
amiloride/hydrochlorothiazide	Preferred	
bumetanide	Preferred	
chlorthalidone	Preferred	
Dyazide®	Non-Preferred	
furosemide	Preferred	
hydrochlorothiazide	Preferred	
indapamide	Preferred	
Lasix®	Non-Preferred	
Maxzide®	Non-Preferred	
methazolamide	Preferred	
metolazone	Preferred	
spironolactone/hydrochlorothiazide	Preferred	
torsemide	Preferred	
triamterene/hydrochlorothiazide	Preferred	
Heart Failure		
Corlanor®	Preferred	
Entresto®	Preferred	
Nitrates		
Isordil®	Non-Preferred	

DRUG	TIER	NOTES
isosorbide dinitrate oral	Preferred	
isosorbide mononitrate	Preferred	
isosorbide mononitrate ext-rel	Preferred	
Nitro-Bid®	Preferred	
Nitro-Dur®	Non-Preferred	
nitroglycerin ext-rel	Preferred	
nitroglycerin sublingual	Preferred	
nitroglycerin transdermal	Preferred	
Nitrostat®	Non-Preferred	
Pulmonary Arterial Hypertension		
ambrisentan	Preferred	PA, SP, QL
bosentan	Preferred	PA, SP, QL
epoprostenol sodium	Preferred	PA, SP
Flolan®	Non-Preferred	PA, SP
Letairis®	Non-Preferred	PA, SP
Opsumit®	Preferred	PA, SP
Orenitram®	Preferred	PA, SP
Remodulin®	Preferred	PA, SP
Revatio®	Non-Preferred	PA, SP
sildenafil	Preferred	PA, SP
Tracleer®	Non-Preferred	PA, SP
Tyvaso®	Non-Preferred	PA, SP
Uptravi®	Preferred	PA, SP
Miscellaneous		
hydralazine	Preferred	
methyldopa	Preferred	
midodrine	Preferred	
CENTRAL NERVOUS SYSTEM		
Antianxiety		
alprazolam Intensol, ODT, tabs	Preferred	QL
Anafranil®	Non-Preferred	
Ativan®	Non-Preferred	
bupirone	Preferred	
chlordiazepoxide	Preferred	
clomipramine	Preferred	
clonazepam tabs	Preferred	QL
diazepam	Preferred	
fluvoxamine	Preferred	
Klonopin®	Non-Preferred	
lorazepam	Preferred	
Oxazepam 10mg, 15mg, 30mg	Preferred	QL 120 capsules per 25 DS
Valium®	Non-Preferred	
Xanax®	Non-Preferred	

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DRUG	TIER	NOTES
Anticonvulsants		
carbamazepine	Preferred	
carbamazepine ext-rel	Preferred	
Carbatrol®	Non-Preferred	
Depakene®	Non-Preferred	
Depakote ER®	Non-Preferred	
Diastat®	Non-Preferred	
diazepam rectal gel	Preferred	
Dilantin®	Non-Preferred	
Dilantin Infatabs®	Non-Preferred	
divalproex sodium delayed-rel	Preferred	
divalproex sodium ext-rel	Preferred	
ethosuximide	Preferred	
gabapentin capsules, oral solution	Preferred	QL (100 mg: 1080 QY per 25 DS, 300 mg: 360 QY per 25 DS, 400 mg: 270 QY per 25 DS, 600 mg: 180 QY per 25 DS, 800 mg: 120 QY per 25 DS, solution: 2700 mL per 25 DS)
Gabitril®	Non-Preferred	
Keppra®, Keppra ER®	Non-Preferred	
Lamictal®	Non-Preferred	
lamotrigine	Preferred	
levetiracetam, levetiracetam ER 500mg, 750mg	Preferred	
levetiracetam inj	Preferred	
Mysoline®	Non-Preferred	
Nayzilam®	Preferred	PA, Diagnosis & >12 yrs. of age, QL (50 nasal sprays per 25 DY)
Neurontin®	Non-Preferred	
oxcarbazepine	Preferred	
phenobarbital	Preferred	
Phenytek®	Non-Preferred	
phenytoin	Preferred	
phenytoin sodium extended	Preferred	
primidone	Preferred	
Sabril®	Non-Preferred	
Tegretol®	Non-Preferred	
Tegretol-XR®	Non-Preferred	
tiagabine	Preferred	
Topamax®	Non-Preferred	
topiramate sprinkle caps, tabs	Preferred	
Trileptal®	Non-Preferred	

DRUG	TIER	NOTES
valproic acid	Preferred	
vigabatrin	Preferred	PA, SP, QL
Zarontin®	Non-Preferred	
zonisamide	Preferred	
Zonegran®	Non-Preferred	
zonisamide	Preferred	
Anti-Depressants		
amitriptyline	Preferred	
bupropion	Preferred	
bupropion ext-rel	Preferred	
Celexa®	Non-Preferred	
citalopram	Preferred	
Cymbalta®	Non-Preferred	
desipramine	Preferred	
doxepin	Preferred	
duloxetine delayed-rel	Preferred	PA
Effexor XR®	Non-Preferred	
escitalopram	Preferred	
fluoxetine	Preferred	
imipramine HCl	Preferred	
isocarboxazid	Preferred	
Lexapro®	Non-Preferred	
Marplan®	Preferred	
mirtazapine	Preferred	
Nardil®	Non-Preferred	
Norpramin®	Non-Preferred	
nortriptyline®	Preferred	
Pamelor®	Non-Preferred	
Parnate®	Non-Preferred	
paroxetine HCl	Preferred	
paroxetine HCl ext-rel	Preferred	
Paxil®	Preferred	
Paxil CR®	Non-Preferred	
phenelzine®	Preferred	
Prozac®	Non-Preferred	
Remeron®	Non-Preferred	
sertraline®	Preferred	
Tofranil®	Non-Preferred	
tranylecypromine	Preferred	
trazodone	Preferred	
venlafaxine	Preferred	
venlafaxine ext-rel	Preferred	
Wellbutrin SR®	Non-Preferred	

DRUG	TIER	NOTES
Wellbutrin XL®	Non-Preferred	
Zoloft®	Non-Preferred	
Antiparkinsonian Agents		
amantadine	Preferred	
benztropine	Preferred	
bromocriptine	Preferred	
carbidopa/levodopa	Preferred	
carbidopa/levodopa ext-rel	Preferred	
carbidopa/levodopa orally disintegrating	Preferred	
carbidopa/levodopa/entacapone	Preferred	
Comtan®	Non-Preferred	
Eldepryl®	Non-Preferred	
entacapone	Preferred	
Mirapex®	Non-Preferred	
Parlodel®	Non-Preferred	
pramipexole	Preferred	
Requip®	Non-Preferred	
ropinirole	Preferred	
selegiline	Preferred	
Sinemet®	Non-Preferred	
Sinemet CR®	Non-Preferred	
Stalevo®	Non-Preferred	
trihexyphenidyl	Preferred	
Antipsychotics		
Abilify®	Non-Preferred	PA
Abilify Maintena®	Preferred	PA
aripiprazole	Preferred	PA
aripiprazole orally disintegrating tabs	Preferred	PA
Aristada®	Preferred	PA
asenapine 2.5mg/5mg/10mg	Preferred	
chlorpromazine	Preferred	
clozapine	Preferred	
clozapine orally disintegrating tabs	Preferred	
Clozaril®	Non-Preferred	
Fazaclo®	Non-Preferred	
fluphenazine	Preferred	
fluphenazine decanoate inj	Preferred	
fluphenazine inj	Preferred	
Geodon®	Non-Preferred	
Haldol®	Non-Preferred	
Haldol Decanoate®	Non-Preferred	
Haloperidol®	Preferred	

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DRUG	TIER	NOTES
haloperidol decanoate inj	Preferred	
haloperidol lactate inj	Preferred	
Invega®	Non-Preferred	
Invega Sustenna®	Preferred	PA
Invega Trinza®	Preferred	PA
olanzapine®	Preferred	
paliperidone ext-rel	Preferred	PA
perphenazine	Preferred	
thiothixene	Preferred	
trifluoperazine	Preferred	
quetiapine	Preferred	
Risperdal®	Non-Preferred	
Risperdal Consta®	Preferred	PA
risperidone	Preferred	
Saphris® sublingual	Non-Preferred	
Seroquel®	Non-Preferred	
ziprasidone	Preferred	
Zyprexa®	Non-Preferred	
Attention Deficit Hyperactivity Disorder		
amphetamine/dextroamphetamine mixed	Preferred	QL (5/7.5/10/12.5 mg: 90 QY per 25 DS, 15/20 mg: 60 QY per 25 DS, 30 mg: 30 QY per 25 DS)
amphetamine/dextroamphetamine mixed salts ext-rel	Preferred	QL (5/10 mg: 120 QY per 25 DS, 15 mg: 60 QY per 25 DS, 20/25/30 mg: 30 QY per 25 DS)
atomoxetine	Preferred	QL (10/18/25 mg: 120 QY per 25 DS, 40 mg: 60 QY per DS, 60/80/100 mg: 30 QY per DS)
Concerta®	Non-Preferred	
Dexedrine Spansule®	Non-Preferred	
dexmethylphenidate (Focalin)	Preferred	QL (2.5/5 mg: 150 QY per 25 DS, 10 mg: 60 QY per 25 DS)
dextroamphetamine ext-rel (Focalin XR)	Preferred	QL (5/10 mg: 150 QY per 25 DS, 15 mg: 60 QY per 25 DS)
dextroamphetamine tabs 5 mg, 10 mg	Preferred	QL (5 mg: 180 QY per 25 DS, 10 mg: 120 QY per 25 DS)
Focalin®	Non-Preferred	
methylphenidate tabs	Preferred	QL (2.5/5 mg: 300 QY per 25 DS, 10 mg: 180 QY per 25 DS)
Methylin®	Non-Preferred	

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DRUG	TIER	NOTES
methylphenidate ex-rel cap (Metadate CD)	Preferred	QL (10/20/30 mg: 60 QY per 25 DS, 40/50/60 mg: 30 QY per 25 DS)
methylphenidate ext-rel (Concerta)	Preferred	QL (18/27 mg: 90 QY per 25 DS, 36 mg: 60 QY per 25 DS, 54/72 mg: 30 QY per 25 DS)
methylphenidate ext-rel 10 mg (Ritalin LA)	Preferred	QL (10 mg: 150 QY per 25 DY, 30 mg: 90 QY per 25 DY, 40 mg: 30 QY per 25 DY)
methylphenidate ext-rel 20 mg, 30 mg, 40mg (Ritalin LA)	Preferred	QL (10 mg: 150 QY per 25 DY, 30 mg: 90 QY per 25 DY, 40 mg: 30 QY per 25 DY)
methylphenidate ext-rel tabs 20 mg (Metadate ER)	Preferred	
methylphenidate solution	Preferred	QL (5 mg/mL: 1800 mL per 25 DS, 10mg/mL: 900 mL per 25 DS)
Ritalin®	Non-Preferred	
Ritalin LA®	Non-Preferred	
Strattera®	Non-Preferred	QL (10/18/25 mg: 120 QY per 25 DS, 40 mg: 60 QY per DS, 60/80/100 mg: 30 QY per DS)
Fibromyalgia		
Lyrica®	Non-Preferred	PA, QL
pregabalin	Preferred	PA, QL
Hypnotics		
Ambien®	Non-Preferred	
doxylamine	Preferred	OTC
melatonin	Preferred	
Restoril®	Non-Preferred	
ramelteon	Preferred	Initial QL: 15 QY per 25 DS, Post QL: 30 per 25 days
Rozerem®	Non-Preferred	Initial QL: 15 QY per 25 DS, Post QL: 30 per 25 days
temazepam	Preferred	QL (15 QY per 25 DS)
Unisom®	Non-Preferred	OTC
zolpidem	Preferred	QL (15 QY per 25 DS)
Migraine		
Aimovig® inj	Preferred	QL, ST
Amerge®	Non-Preferred	
Cafergot®	Non-Preferred	

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DRUG	TIER	NOTES
Emgality®	Non-Preferred	ST, QL
Imitrex®	Non-Preferred	QL
Maxalt®	Non-Preferred	ST, QL
naratriptan	Preferred	ST, QL (12 QY per 25 DS)
Nurtec ODT®	Preferred	ST, QL
rizatriptan	Preferred	ST, QL (18 QY per 25 DS)
sumatriptan tab	Preferred	QL (12 QY per 25 DS)
sumatripan inj	Preferred	QL (6 QY per 25 DS)
sumatripan nasal spray	Preferred	QL (12 QY per 25 DS)
zolmitriptan 2.5mg, 5mg, 5mg ODT	Preferred	ST, QL (12 QY per 25 DS)
Zomig®	Non-Preferred	ST, QL (12 QY per 25 DS)
Mood Stabilizers		
lithium carbonate	Preferred	
lithium carbonate ext-rel tabs 300 mg	Preferred	
lithium carbonate ext-rel tabs 450 mg	Preferred	
lithium citrate	Preferred	
Lithobid®	Non-Preferred	
Movement Disorders		
Austedo®	Preferred	ST, PA, SP, QL (only chorea associated with Huntington Disease only)
tetrabenazine	Preferred	PA, SP
Xenazine	Non-Preferred	PA, SP
Multiple Sclerosis Agents		
Aubagio®	Preferred	PA, SP, QL
Avonex®	Preferred	PA, SP, QL
Copaxone®	Non-Preferred	PA, SP, QL
Copaxone® 40 mg/ml	Preferred	PA, SP, QL
dimethyl fumarate delayed-rel	Preferred	PA, SP, QL
Gilenya®	Preferred	PA, SP, QL
glatiramer	Preferred	PA, SP, QL
Mayzent pak starter®	Preferred	PA, SP, QL
Rebif®	Preferred	PA, SP, QL
Tecfidera®	Preferred	PA, SP, QL
Musculoskeletal Therapy Agents		
baclofen 10 mg, 20 mg	Preferred	
carisoprodol	Preferred	QL (84 QY per 25 DS)
chlorzoxazone	Preferred	
cyclobenzaprine	Preferred	
Dantrium®	Non-Preferred	
dantrolene	Preferred	
methocarbamol	Preferred	
orphenadrine ext-rel	Preferred	
Robaxin®	Non-Preferred	

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DRUG	TIER	NOTES
Soma® 500mg (only)	Non-Preferred	
tizanidine tabs	Preferred	
Zanaflex®	Non-Preferred	
Myasthenia Gravis		
Mestinon®	Non-Preferred	
Mestinon Timespan®	Non-Preferred	
pyridostigmine	Preferred	
pyridostigmine ext-rel	Preferred	
Narcolepsy		
armodafinil	Preferred	PA, QL
modafinil	Preferred	PA, QL
Nuvigil®	Non-Preferred	PA, QL
Provigil®	Non-Preferred	PA, QL
Psychotherapeutic-Miscellaneous		
acamprosate calcium	Preferred	
Antabuse®	Non-Preferred	
buprenorphine sublingual 2mg,8mg	Preferred	
buprenorphine/naloxone sublingual tabs	Preferred	
buprenorphine/naloxone sublingual films	Preferred	
bupropion ext-rel	Preferred	
Chantix®	Preferred	
disulfiram	Preferred	
naloxone inj	Preferred	
naloxone nasal spray	Preferred	
naltrexone	Preferred	
Narcan nasal spray®	Preferred	QL (4 QY per 180 DS)
Nicorette gum®	Non-Preferred	
nicotine polacrilex gum	Preferred	OTC
nicotine transdermal	Preferred	OTC
Nuedexta®	Preferred	PA
Suboxone® sublingual film®	Preferred	QL (60 QY per 25 DS)
Zubsolv® sublingual tab®	Preferred	QL (90 QY per 25 DS)
Zyban®	Non-Preferred	
Miscellaneous		
Rilutek®	Non-Preferred	
Riluzole	Preferred	

DRUG	TIER	NOTES
ENDOCRINE AND METABOLIC		
Acromegaly		
octreotide acetate	Preferred	PA, SP
Sandostatin®	Non-Preferred	PA, SP
Somatuline Depot®	Preferred	PA, SP
Androgens		
Androgel®	Non-Preferred	PA
Delatestryl®	Non-Preferred	PA
Depo-Testosterone®	Non-Preferred	PA
Fortesta®	Non-Preferred	PA
testosterone cypionate	Preferred	PA
testosterone enanthate	Preferred	PA
testosterone gel	Preferred	PA
testosterone gel 25 mg/2.5mg	Preferred	PA
Antidiabetics		
acarbose	Preferred	
alogliptin	Preferred	
alogliptin/metformin	Preferred	
alogliptin/pioglitazone	Preferred	
Actoplus Met®	Non-Preferred	
Actos®	Non-Preferred	
Admelog®	Preferred	
Amaryl®	Non-Preferred	
Basaglar®	Preferred	
Duetact®	Non-Preferred	
glimepiride	Preferred	
glipizide	Preferred	
glipizide ext-rel	Preferred	
Glucotrol®	Non-Preferred	
Glucotrol XL®	Non-Preferred	
Humalog mix®	Preferred	
Humulin 70/30®	Preferred	OTC
Humulin N®	Preferred	OTC
Humulin R®	Preferred	OTC
Jardiance®	Preferred	PA
Kazano®	Non-Preferred	
Metaglip®	Non-Preferred	
metformin	Preferred	
metformin ext-rel	Preferred	
Nesina®	Non-Preferred	
nateglinide	Preferred	
Novolin 70/30®	Preferred	OTC
Novolin N®	Preferred	OTC

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DRUG	TIER	NOTES
Novolin R®	Preferred	OTC
Novolog Mix 70/30®	Preferred	
Oseni®	Preferred	
Ozempic®	Non-Preferred	QL (3 prefilled pens per 21 DY), ST 30 DS of metformin in past 180 days
pioglitazone	Preferred	
pioglitazone/glimepiride	Preferred	
pioglitazone/metformin	Preferred	
Precose®	Non-Preferred	
repaglinide	Preferred	
Rybelsus®	Non-Preferred	QL (30 tablets per 25 DY), ST 30 DS supply of metformin in past 180 days
Segluromet®	Preferred	ST
Semglee 100u sol, inj	Preferred	
Soliqua®	Preferred	ST
Starlix®	Non-Preferred	
Steglatro®	Preferred	ST
Trulicity®	Non-Preferred	QL (4 pens per 21 DY), ST 30 DS of metformin in past 180 days
Diabetic Supplies		
alcohol swabs	Preferred	OTC
BD Ultrafine® Insulin Syringes and Needles	Preferred	OTC
Dexcom Continuous Glucose Monitoring System®	Preferred	
G4 Platinum Glucose Monitoring System®	Preferred	
Keto-Diastix® urine test products	Preferred	OTC
lancets	Preferred	OTC
Multistix® urine test products	Preferred	OTC
Omnipod Dash Insulin Infusion Pump	Preferred	
Omnipod Insulin Infusion Pump	Preferred	
OneTouch® Ultra Kits and Test Strips	Preferred	OTC, QL (204 per 25 DS) test strips only
One Touch® Ultra2 Kits and Test Strips	Preferred	OTC, QL (204 per DS) test strips only
OneTouch® Verio Kits and Test Strips	Preferred	OTC, QL (204 per DS) test strips only
One Touch® Verio Flex Kits and Strips	Preferred	OTC, QL (204 per DS) test strips only
Calcium Receptor Antagonists		
cinacalcet	Preferred	PA, SP, QL
Sensipar®	Non-Preferred	PA, SP, QL
Calcium Regulators		
alendronate tabs	Preferred	
calcitonin-salmon	Preferred	
Fosamax®	Non-Preferred	

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DRUG	TIER	NOTES
Miacalcin®	Non-Preferred	
Prolia®	Preferred	PA, SP
Triptodur® susp 22.5mg	Preferred	PA, SP
Tymlos®	Preferred	PA, SP
Contraceptives (EE = ethinyl estradiol)		
Monophasic		
desogestrel/EE 0.15/30 - Apr	Preferred	
drosiprone/EE 3/20	Preferred	
drosiprone/EE 3/30	Preferred	
ethynodiol diacetate/EE 1/35	Preferred	
ethynodiol diacetate/EE 1/50	Preferred	
levonorgestrel/EE 0.1/20	Preferred	
levonorgestrel/EE 0.15/30	Preferred	
Loestrin® 1.5/30	Non-Preferred	
Loestrin® 1/20	Non-Preferred	
Loestrin Fe® 1.5/30	Non-Preferred	
Loestrin Fe® 1/20	Non-Preferred	
norethindrone acetate/EE 1.5/30	Preferred	
norethindrone acetate/EE 1.5/30 and iron	Preferred	
norethindrone acetate/EE 1/20	Preferred	
norethindrone acetate/EE 1/20 and iron	Preferred	
norethindrone/EE 0.4/35	Preferred	
norethindrone/EE 0.5/35	Preferred	
norethindrone/EE 1/35	Preferred	
norgestimate/EE 0.25/35	Preferred	
norgestrel/EE 0.3/30	Preferred	
medroxyprogesterone acetate 150 mg/ml	Preferred	
norgestrel/EE 0.5/50 - Ogestrel®	Preferred	
Ortho-Cyclen®	Non-Preferred	
Ortho-Novum® 1/35	Non-Preferred	
Yasmin®	Non-Preferred	
Yaz®	Non-Preferred	
Biphasic		
desogestrel/EE	Preferred	
Mircette®	Non-Preferred	
Triphasic		
desogestrel/EE	Preferred	
levonorgestrel/EE	Preferred	
norethindrone/EE	Preferred	
norgestimate/EE	Preferred	
Ortho Tri-Cyclen®	Non-Preferred	
Ortho Tri-Cyclen Lo®	Non-Preferred	
Ortho-Novum 7/7/7®	Non-Preferred	
Tri-Norinyl®	Non-Preferred	

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DRUG	TIER	NOTES
Progestin Only		
norethindrone	Preferred	
Ortho Micronor®	Non-Preferred	
Emergency Contraception		
ulipristal - Ella®	Preferred	QL; Initial Limit: 3 tablets per 90 days
levonorgestrel – Next Choice One Dose®	Preferred	QL; Initial Limit: 3 tablets per 90 days
Plan B One-Step®	Non-Preferred	QL; Initial Limit: 3 tablets per 90 days
Injectable		
Depo-Provera®	Non-Preferred	QL (1 QY per 75 DS)
medroxyprogesterone acetate 150 mg/mL prefilled syringe	Preferred	QL (1 QY per 75 DS)
Vaginal Transdermal		
norelgestromin/EE 150-35mcg/24hr	Preferred	
Xulane® 150-35mcg/24hr	Non-Preferred	
Vaginal		
etonogestrel/EE ring	Preferred	
NuvaRing®	Non-Preferred	
Miscellaneous		
condoms, male	Preferred	OTC
diaphragm	Preferred	OTC
Gynol II®	Preferred	OTC
nonoxynol-9	Preferred	OTC
Shur-Seal®	Preferred	OTC
Endometriosis		
danazol	Preferred	
Synarel®	Preferred	
Estrogens		
Climara®	Non-Preferred	
Estrace®	Non-Preferred	
estradiol oral, patches	Preferred	
estradiol vaginal tabs	Preferred	
Vagifem®	Non-Preferred	
Estrogen/Progestins		
Activella®	Non-Preferred	
Combipatch®	Preferred	
estradiol/norethindrone oral	Preferred	
EE/norethindrone acetate	Preferred	
EE/norethindrone acetate - Jinteli	Preferred	
Femhrt®	Non-Preferred	

DRUG	TIER	NOTES
Gaucher Disease		
Cerdelga®	Preferred	PA, SP
Cerezyme®	Preferred	PA, SP
Glucocorticoids		
Cortef®	Non-Preferred	
dexamethasone	Preferred	
fludrocortisone	Preferred	
hydrocortisone	Preferred	
Medrol® 2mg	Preferred	
Methylprednisolone 4mg, 8mg, 16mg, 32mg, 4mg dosepak	Preferred	
Orapred®ODT	Non-Preferred	
prednisolone sodium phosphate orally disintegrating tabs	Preferred	
prednisolone sodium phosphate soln 5 mg/5 mL, 15 mg/5 mL, 25 mg/5 mL	Preferred	
prednisolone syrup	Preferred	
prednisone	Preferred	
Prelone®	Non-Preferred	
Glucose Elevating Agents		
Baqsim®i one pow 3mg/dose	Preferred	QL (2 per 30 DY)
Glucagon® Emergency Kit	Preferred	
Gvoke® Hypo 1 inj 0.5/0.1ml, 1mg/0.2ml	Preferred	QL (2 per 30 DY)
Gvoke® PFS inj	Preferred	QL (2 per 30 DY)
Hereditary Tyrosinemia Type 1 Agents		
Nityr®	Preferred	PA, SP
Human Growth Hormones		
Norditropin®	Preferred	PA, SP
Serostim®	Preferred	PA, SP
Zorbtive®	Preferred	PA, SP
Hyperparathyroid Treatment, Vitamin D analogs		
calcitriol (1,25-D3)	Preferred	
doxercalciferol	Preferred	
Hectorol®	Non-Preferred	
paricalcitol	Preferred	
Rocaltrol®	Non-Preferred	
Zemplar®	Non-Preferred	
Mineralocorticoid Receptor Antagonists		
Kerendia® 10mg, 20mg	Preferred	PA, Prior Authorization Diagnosis AND patient is currently receiving or has an intolerance to or a contraindication to an SGLT2 inhibitor AND patient is currently receiving or has an intolerance to or a contraindication to an ACEi or an ARB.

DRUG	TIER	NOTES
Phenylketonuria Treatment Agents		
Kuvan®	Non-Preferred	PA, SP
sapropterin	Preferred	PA, SP
Phosphate Binder Agents		
calcium acetate caps	Preferred	
Renvela®	Non-Preferred	ST
sevelamer carbonate	Preferred	ST
Potassium-Removing Agents		
sodium polystyrene sulfonate	Preferred	
Progestins		
Aygestin®	Non-Preferred	
hydroxyprogesterone caproate	Preferred	SP, PA
Makena®	Non-Preferred	PA, SP, QL
medroxyprogesterone acetate	Preferred	
norethindrone acetate	Preferred	
progesterone, micronized	Preferred	
Prometrium®	Non-Preferred	
Provera®	Non-Preferred	
Selective Estrogen Receptor Modulators		
Evista®	Non-Preferred	
Osphena®	Preferred	PA
raloxifene	Preferred	
Thyroid Agents		
Cytomel®	Non-Preferred	
levothyroxine	Preferred	
levothyroxine - Levoxyl	Preferred	
liothyronine	Preferred	
methimazole	Preferred	
propylthiouracil	Preferred	
Synthroid®	Non-Preferred	
Tapazole®	Non-Preferred	
Urea Cycle Disorders		
Buphenyl®	Non-Preferred	PA, SP, QL
sodium phenylbutyrate	Preferred	PA, SP, QL
Vasopressin Receptor Antagonists		
tolvaptan 15mg, 30mg	Preferred	PA, SP
Samsca®	Non-Preferred	PA, SP
Vasopressins		
DDAVP®	Non-Preferred	PA
desmopressin spray	Preferred	PA
desmopressin spray, tabs	Preferred	PA
Miscellaneous		
cabergoline	Preferred	PA, SP
Cystagon®	Preferred	PA, SP

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DRUG	TIER	NOTES
GASTROINTESTINAL		
Antacids		
alumina/magnesia	Preferred	OTC
alumina/magnesia/simethicone	Preferred	OTC
calcium carbonate	Preferred	OTC
Maalox®	Non-Preferred	OTC
Mylanta®	Non-Preferred	OTC
Antidiarrheals		
bismuth subsalicylate	Preferred	OTC
diphenoxylate/atropine	Preferred	
Imodium®	Non-Preferred	
Lomotil®	Non-Preferred	
loperamide	Preferred	OTC
Pepto-Bismol®	Non-Preferred	
Antiemetics		
aprepitant	Preferred	PA, QL
dronabinol	Preferred	QL (60 QY per 25 DS)
Emend®	Non-Preferred	PA, QL
granisetron tabs	Preferred	QL (12 QY per 21 DY)
Marinol®	Non-Preferred	
meclizine	Preferred	
metoclopramide	Preferred	OTC, Rx
ondansetron 4mg/5ml,	Preferred	QL (200ml per 21 DS; 18 QY per 21 DY)
prochlorperazine	Preferred	
promethazine	Preferred	
promethazine supp	Preferred	
Reglan®	Non-Preferred	
Tigan®	Non-Preferred	
trimethobenzamide	Preferred	
Zofran®	Non-Preferred	QL (18 QY per 21 DY)
Antispasmodics		
chlordiazepoxide/clidinium	Preferred	
dicyclomine	Preferred	
glycopyrrolate	Preferred	
hyoscyamine sulfate	Preferred	
hyoscyamine sulfate ext-rel	Preferred	
hyoscyamine sulfate ext-rel caps	Preferred	
hyoscyamine sulfate orally disintegrating	Preferred	
Levsin®	Non-Preferred	
Cholelitholytics		
Actigall®	Non-Preferred	

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DRUG	TIER	NOTES
Urso®	Non-Preferred	
ursodiol (Actigall & Urso)	Preferred	
H2 Receptor Antagonists		
cimetidine	Preferred	OTC & Rx
famotidine	Preferred	OTC & Rx
nizatidine	Preferred	
Pepcid®	Non-Preferred	
Pepcid AC®	Non-Preferred	OTC
Tagamet HB®	Non-Preferred	OTC
Inflammatory Bowel Disease		
Apriso®	Preferred	
Azulfidine®	Non-Preferred	
Azulfidine EN®-Tabs	Non-Preferred	
balsalazide	Preferred	
budesonide delayed-rel caps	Preferred	
Entocort EC®	Non-Preferred	
hydrocortisone enema	Preferred	
mesalamine ext-rel caps	Preferred	
mesalamine rectal susp	Preferred	
Rowasa® rectal susp	Non-Preferred	
sulfasalazine	Preferred	
sulfasalazine delayed-rel	Preferred	
Irritable Bowel Syndrome		
Linzess®	Preferred	
lubiprostone	Preferred	
Amitiza®	Non-Preferred	
Laxatives/Stool Softeners		
bisacodyl enema, tab, supp	Preferred	OTC
Colace®	Non-Preferred	
Colyte®	Non-Preferred	
docusate calcium	Preferred	OTC
docusate sodium	Preferred	OTC
Dulcolax®	Non-Preferred	OTC
Golytely®	Non-Preferred	
Kristalose®	Preferred	
Lactulose	Preferred	
Miralax®	Non-Preferred	
Nulytely®	Non-Preferred	
polyethylene glycol 3350/electrolytes	Preferred	Nulytely, Golytely, Colyte
polyethylene glycol 3350	Preferred	OTC
Senna®	Preferred	OTC
Senna Plus®	Non-Preferred	
sennosides	Preferred	OTC

DRUG	TIER	NOTES
sennosides/docusate sodium	Preferred	OTC
Senokot®	Non-Preferred	
Suprep Bowel Prep kit	Preferred	
Opioid-Induced Constipation		
Movantik®	Preferred	
Pancreatic Enzymes		
Creon®	Preferred	
Viokace®	Preferred	
Zenpep®	Preferred	
Prostaglandins		
Cytotec®	Non-Preferred	
misoprostol	Preferred	
Proton Pump Inhibitors		
esomeprazole magnesium delayed-rel	Preferred	OTC
esomeprazole magnesium delayed-rel	Preferred	AL (<1 year only)
lansoprazole delayed-rel	Preferred	OTC
Nexium® susp	Preferred	AL (<1 year only)
Nexium® 24hr	Preferred	OTC
omeprazole delayed-rel tabs	Preferred	
omeprazole delayed-rel caps	Preferred	
omeprazole/sodium bicarbonate	Preferred	OTC
pantoprazole delayed-rel tabs	Preferred	
Prevacid® 24hr	Non-Preferred	OTC
Prilosec®	Non-Preferred	
Prilosec® OTC	Preferred	
Protonix®	Non-Preferred	
Zegerid® OTC	Non-Preferred	
Saliva Stimulants		
pilocarpine tabs	Preferred	
Salagen®	Non-Preferred	
Steroids, Rectal		
Anusol®-HC 2.5%	Non-Preferred	
hydrocortisone crm 1%, 2.5%	Preferred	
Proctocort® 1%	Non-Preferred	
Miscellaneous		
Carafate®	Non-Preferred	
Cuvposa®	Preferred	PA, AL (covered 3-16 years of age)
Imodium®	Non-Preferred	
loperamide/simethicone	Preferred	OTC
simethicone	Preferred	OTC
sucalfate tabs	Preferred	

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DRUG	TIER	NOTES
GENITOURINARY		
Benign Prostatic Hyperplasia		
alfuzosin ext-rel	Preferred	
Cardura®	Non-Preferred	
doxazosin	Preferred	
finasteride	Preferred	
Flomax®	Non-Preferred	
Proscar®	Non-Preferred	
tamsulosin	Preferred	
terazosin	Preferred	
Uroxatral®	Non-Preferred	
Urinary Antispasmodics		
Detrol®	Non-Preferred	
Ditropan® XL	Non-Preferred	
oxybutynin	Preferred	
oxybutynin ext-rel	Preferred	
Oxytrol® For Women transdermal	Preferred	OTC, gender restriction to females
tolterodine	Preferred	
trospium	Preferred	
Vaginal Anti-Infectives		
Cleocin®	Non-Preferred	
clindamycin crm	Preferred	
clotrimazole	Preferred	OTC & Rx
metronidazole	Preferred	
miconazole	Preferred	OTC & Rx
terconazole	Preferred	
Miscellaneous		
bethanechol	Preferred	
phenazopyridine 200mg	Preferred	
potassium citrate ext-rel	Preferred	
Pyridium®	Non-Preferred	
Urocit-K®	Non-Preferred	
HEMATOLOGIC		
Anticoagulants		
Arixtra®	Non-Preferred	
Coumadin®	Non-Preferred	
Eliquis®	Preferred	
enoxaparin	Preferred	
fondaparinux	Preferred	
Lovenox®	Non-Preferred	
warfarin	Preferred	
Xarelto®	Preferred	

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DRUG	TIER	NOTES
Hematopoietic Growth Factors		
Aranesp®	Preferred	PA, SP
Retacrit®	Preferred	PA, SP
Zarxio®	Preferred	PA, SP
Ziextenzo® inj	Preferred	PA, SP, QL
Hemophilia A Agents		
Jivi®	Preferred	PA, SP
Hemlibra®	Preferred	PA, SP
Hereditary Angioedema Agents		
Cinryze®	Preferred	PA, SP
Firazyr®	Preferred	PA, SP
icatibant	Preferred	PA, SP
Ruconest®	Preferred	PA
Thrombocytopenic Agents		
Doptelet ®	Preferred	PA, SP, QL
Paroxysmal Nocturnal Hemoglobinuria		
Soliris®	Preferred	PA, SP
Platelet Aggregation Inhibitors		
aspirin	Preferred	OTC
Brilinta®	Preferred	
clopidogrel	Preferred	
dipyridamole	Preferred	
Effient®	Non-Preferred	
Plavix®	Non-Preferred	
prasugrel	Preferred	
Platelet Synthesis Inhibitors		
Agrilin®	Non-Preferred	
anagrelide	Preferred	
Miscellaneous		
cilostazol	Preferred	
Endari ®	Preferred	PA, SP
IMMUNOLOGIC AGENTS		
Autoimmune Agents		
Avsola® inj	Preferred	
Cosentyx®	Preferred	PA, SP
Enbrel®	Preferred	PA, SP
Entyvio® inj	Preferred	PA, SP, QL
Humira®	Preferred	PA, SP
Kevzara®	Preferred	PA, SP
Siliq®	Preferred	PA, SP
Xeljanz® sol	Preferred	PA, SP, QL
Xeljanz® XR tab	Preferred	PA, SP, QL
Disease-Modifying Agents		
Arava®	Non-Preferred	

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DRUG	TIER	NOTES
hydroxychloroquine	Preferred	
leflunomide	Preferred	
methotrexate	Preferred	
Plaquenil®	Non-Preferred	
Rasuvo®	Non-Preferred	PA, SP, QL
Immunomodulators		
Ilaris®	Preferred	PA, SP
IntronA®	Preferred	PA, SP
Pegasys®	Preferred	PA, SP
Immunosuppressants		
Azasan®	Preferred	
azathioprine	Preferred	
Cellcept®	Non-Preferred	
Cyclosporine (Sandimmune)	Preferred	Sandimmune
Cyclosporine (Neoral)	Preferred	modified - Neoral
Imuran®	Preferred	
mycophenolate mofetil	Preferred	
Neoral®	Non-Preferred	
Prograf®	Non-Preferred	
Rapamune®	Non-Preferred	
Sandimmune®	Non-Preferred	
sirolimus	Preferred	
tacrolimus	Preferred	
NUTRITIONAL/SUPPLEMENTS		
Electrolytes		
K-Phos®	Preferred	
K-Tab®	Non-Preferred	
potassium bicarbonate effer tabs 25 mEq	Preferred	
potassium chloride ext-rel	Preferred	
potassium chloride liquid	Preferred	
Vitamins And Minerals		
calcium	Preferred	OTC
calcium/vitamin D	Preferred	OTC
Carnitine	Preferred	OTC
Carnitor	Preferred	OTC
cholecalciferol (Vitamin D3)	Preferred	OTC
Coenzyme Q10 (Co-Q10)	Preferred	
cyanocobalamin injectable, tabs	Preferred	
electrolyte soln, oral	Preferred	OTC
ergocalciferol (Vitamin D2)	Preferred	
Feosol®	Non-Preferred	
Fergon®	Non-Preferred	
ferrous fumarate	Preferred	OTC
ferrous gluconate	Preferred	OTC

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DRUG	TIER	NOTES
ferrous sulfate	Preferred	OTC
Fish Oil®	Non-Preferred	
fluoride drops, tabs	Preferred	
folic acid	Preferred	
folic acid/vitamin B6/vitamin B12	Preferred	OTC & Rx
magnesium oxide	Preferred	OTC
Mephyton®	Non-Preferred	
multivitamins/fluoride drops, tabs	Preferred	OTC
multivitamins/fluoride/iron drops, tabs	Preferred	OTC
Nephrocaps®	Non-Preferred	
omega-3 fatty acids (fish oil)	Preferred	OTC
omega-3 fatty acids/vitamin E (fish oil)	Preferred	OTC
Poly-Vi-Sol 50mg/ml	Preferred	OTC
pediatric multiple vitamin w/c soln 50mg/ml	Preferred	OTC
poly-vite sol 50mg/ml	Preferred	
poly-vite	Preferred	
poly-vita	Preferred	
poly-vitamin	Preferred	
Pedialyte®	Non-Preferred	OTC
phytonadione	Preferred	
prenatal vitamins/carbonyl iron/docusate/ folic acid – Prenatal AD®	Preferred	
prenatal vitamins/carbonyl iron/ferrous folate/ folic acid - Prenatabs Rx®	Preferred	
prenatal vitamins/ferrous folate/ docusate/ folic acid – Prenatal 19®	Preferred	
pyridoxine 25 mg, 50 mg (Vitamin B6)	Preferred	OTC
vitamin ADC/fluoride drops	Preferred	
vitamin ADC/fluoride/iron drops	Preferred	
vitamin B complex/vitamin C/folic acid	Preferred	
zinc gluconate	Preferred	OTC
RESPIRATORY		
Anaphylaxis Treatment Agents		
Epipen®	Preferred	QL (8 QY per 365 DY)
Epipen Jr.®	Preferred	QL (8 QY per 365 DY)
epinephrine auto-injector	Preferred	QL (8 QY per 365 DY)
Alpha-1 Antitrypsin Deficiency Agents		
Prolastin-C®	Preferred	PA, SP
Anticholinergics		
Incruse Ellipta®	Preferred	QL (30 QY per 25 DS)
ipratropium soln	Preferred	QL (30 QY per 25 DS)
umeclidinium	Preferred	QL (30 QY per 25 DS)

DRUG	TIER	NOTES
Anticholinergic/Beta Agonist		
Bevespi Aero 9-4.8mcg	Preferred	QL
Combivent Respimat®	Preferred	QL (8 QY per 25 DS)
ipratropium/albuterol soln	Preferred	QL (8 QY per 25 DS)
tiotropium-olodaterol inhal aero soln 2.5-2.5 mcg/act	Preferred	QL (8 QY per 25 DS)
Anticholinergic/Beta Agonist/Steroid Combinations		
Trelegy®	Preferred	QL (60 QY per 25 DS)
Antihistamines, Low Sedating		
cetirizine	Preferred	OTC & Rx, AL (chewable tab for <12yrs)
Zyrtec®	Non-Preferred	
Antihistamines, Nonsedating		
Allegra®	Non-Preferred	OTC
Claritin®	Non-Preferred	OTC
fexofenadine	Preferred	OTC
loratadine	Preferred	OTC
Antihistamines, Sedating		
Benadryl®	Non-Preferred	OTC & Rx
chlorpheniramine	Preferred	OTC
chlorpheniramine ext-rel	Preferred	OTC
clemastine	Preferred	OTC & Rx
cyproheptadine	Preferred	
diphenhydramine	Preferred	OTC & Rx
hydroxyzine HCl	Preferred	
hydroxyzine pamoate	Preferred	
Vistaril®	Non-Preferred	
Antihistamine/Decongestant Combinations		
Allegra-D®	Non-Preferred	OTC
cetirizine/pseudoephedrine ext-rel	Preferred	OTC
Claritin-D®	Non-Preferred	OTC
fexofenadine/pseudoephedrine ext-rel	Preferred	OTC
loratadine/pseudoephedrine ext-rel	Preferred	OTC
promethazine/phenylephrine	Preferred	OTC
triprolidine/pseudoephedrine liq, syp	Preferred	OTC
Zyrtec-D® 12 Hour	Non-Preferred	OTC
Antitussives		
benzonatate	Preferred	
Tessalon®	Non-Preferred	
Antitussive Combinations		
guaifenesin-codeine 10mg/100mg	Preferred	QL (60ml per day)
guaifenesin-codeine Soln 100-6.3mg/ml	Preferred	QL (90ml per day)
codeine/guaifenesin liquid 200mg-10mg/5ml	Preferred	QL (60ml per day)

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DRUG	TIER	NOTES
codeine/guaifenesin/pseudoephedrine	Preferred	
pseudoephedrine/codeine-GG 30-10-100mg syrup	Preferred	QL (40ml per day)
pseudoephedrine/codeine-GG 30-10-100mg solution	Preferred	QL (40ml per day)
codeine/promethazine syrup 6.25	Preferred	QL (30ml per day)
codeine/promethazine/phenylephrine syrup 6.25mg-5-10mg/5ml	Preferred	QL (30ml per day)
dextromethorphan/brompheniramine pseudoephedrine	Preferred	
dextromethorphan/guaifenesin ext-rel	Preferred	OTC
dextromethorphan/guaifenesin liq, soln,	Preferred	OTC
dextromethorphan/guaifenesin/pseudoephedrine syrup 10 mg/100 mg/ 30 mg/5 mL	Preferred	OTC
dextromethorphan/promethazine	Preferred	
hydrocodone/homatropine tablets 5-1.5mg	Preferred	QL (6 per day)
hydrocodone/homatropine syrup 5-1.5mg/5ml	Preferred	QL (30ml per day)
Non-opioid		
Mucinex DM® tab 30-600mg ER	Non-Preferred	OTC
Mucinex tablet 1200mg	Non-Preferred	OTC
Mucinex tablet 60-1200mg	Non-Preferred	OTC
Beta Agonists		
albuterol oral	Preferred	
albuterol ext-rel	Preferred	
albuterol inhalation soln	Preferred	QL
albuterol sulfate, CFC-free aerosol	Preferred	QL
Proair®	Preferred	QL
Striverdi Respimat®	Preferred	QL (17 QY per 25 DS)
terbutaline oral	Preferred	
Ventolin HFA®	Non-Preferred	QL
Cystic Fibrosis		
Bethkis®	Non-Preferred	PA, SP, QL
Kalydeco Pak ®25mg	Preferred	PA, SP, QL
Kitabis®	Non-Preferred	PA, SP, QL
Pulmozyme®	Preferred	PA, SP, QL
Orkambi®	Preferred	PA, SP, QL
Symdeko®	Preferred	PA, SP, QL
Tobi®	Non-Preferred	PA, SP, QL
Trikafta®	Non-Preferred	PA, SP, QL
tobramycin inhalation soln	Preferred	PA, SP, QL

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DRUG	TIER	NOTES
Decongestants		
pseudoephedrine	Preferred	OTC
pseudoephedrine ext-rel	Preferred	OTC
Sudafed®	Non-Preferred	OTC
Decongestant/Expectorant Combinations		
Mucinex D®	Non-Preferred	OTC
pseudoephedrine/guaifenesin ext-rel	Preferred	OTC
pseudoephedrine/guaifenesin syrup 30 mg/ 100 mg/5 mL	Preferred	OTC
Expectorants		
Diabetic Tussin®	Non-Preferred	OTC
guaifenesin ext-rel	Preferred	OTC
guaifenesin liq, syp, tabs	Preferred	OTC
Mucinex®	Non-Preferred	OTC
Leukotriene Receptor Antagonists		
montelukast	Preferred	
Singulair®	Non-Preferred	
Mast Cell Stabilizers		
cromolyn sodium nasal spray	Preferred	OTC
cromolyn soln for inhalation	Preferred	
Nasal crom®	Non-Preferred	
Medical Supplies		
Aerochamber®	Non-Preferred	
mask	Preferred	OTC
nebulizer	Preferred	OTC
sodium chloride for inhalation	Preferred	
spacer	Preferred	OTC, QL (2 per 365 DY)
vaporizer	Preferred	OTC
Nasal Antihistamines		
azelastine spray	Preferred	QL
Nasal Steroids		
budesonide spray - Rhinocort® Allergy	Preferred	OTC
Flonase® Allergy Relief	Non-Preferred	
flunisolide spray	Preferred	QL
fluticasone spray	Preferred	OTC & Rx
Nasacort® Allergy 24hr	Non-Preferred	
triamcinolone acetonide spray	Preferred	OTC
Pulmonary Fibrosis Agents		
Esbriet®	Preferred	PA, SP, QL
Respiratory Syncytial Virus		
Synagis®	Preferred	PA, SP
Severe Asthma Agents		
Xolair®	Preferred	PA, SP
Fasenra®	Preferred	PA, SP, QL

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DRUG	TIER	NOTES
Steroid/Beta Agonist Combinations		
Advair Diskus® 100mg/50mg	Non-Preferred	AL (4-11yrs), ST, QL (60 QY per 25 DS)
fluticasone/salmeterol 100/50mg	Preferred	AL (4-11yrs), ST, QL (60 QY per 25 DS)
Dulera®	Preferred	QL
Steroid Inhalants		
Alvesco®	Preferred	QL (80/18.3gm per 25DS) (160/12.2gm per 25 DS)
budesonide inh susp	Preferred	QL (0.25 mg: 180 QY per 25 DS, 0.5 mg: 120 QY per 25 DS, 1 mg: 60 QY)
Flovent inhaler 44mcg, 110mcg, 220mcg	Preferred	QL (2 per 25 DS)
Pulmicort Respules®	Non-Preferred	QL (0.25 mg: 180 QY per 25 DS, 0.5 mg: 120 QY per 25 DS, 1 mg: 60 QY per 25 DS)
Qvar Redihaler®	Preferred	
Xanthines		
Elixophyllin®	Non-Preferred	
theophylline ext-rel tabs	Preferred	
theophylline liquid 80mg/5ml	Preferred	
Miscellaneous		
ipratropium nasal spray	Preferred	
Ocean® nasal spray	Non-Preferred	OTC
sodium chloride nasal spray	Preferred	OTC
TOPICAL		
Dermatology		
Abreva®	Non-Preferred	QL (120 QY per 25 DS)
A & D ointment	Preferred	
alclometasone crm, oint 0.05%	Preferred	
Aldara®	Non-Preferred	
ammonium lactate 12%	Preferred	OTC
bacitracin	Preferred	OTC
Bacitracin zinc oint	Preferred	OTC
bacitracin/polymyxin B	Preferred	OTC
Bactine®	Non-Preferred	
Bactroban®	Non-Preferred	
Benzamycin®	Non-Preferred	
benzoyl peroxide- erythromycin gel 5-3%	Preferred	QL; Initial Limit Benzamycin: 47 gms per 25 days
benzoyl peroxide	Preferred	OTC
benzoyl peroxide gel 2.5%	Preferred	OTC
benzoyl peroxide, except foam	Preferred	
Betadine®	Non-Preferred	

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DRUG	TIER	NOTES
betamethasone dipropionate augmented 0.05% crm	Preferred	QL (120 QY per 25 DS)
betamethasone dipropionate augmented 0.05% lotion	Preferred	QL (120 QY per 25 DS)
betamethasone dipropionate crm, lotion 0.1%	Preferred	QL (120 QY per 25 DS)
betamethasone dipropionate augmented gel, oint 0.05%	Preferred	
betamethasone valerate crm, lotion, oint	Preferred	QL (120 QY per 25 DS)
Bryhali®	Preferred	ST, QL
calamine lotion	Preferred	OTC
calcipotriene oint, soln 0.005%	Preferred	ST, QL
Capsaicin®	Non-Preferred	OTC
Capsaicin Gel Relief®	Non-Preferred	OTC
Capsaicin HP®	Non-Preferred	OTC
capsaicin crm 0.025%, 0.1%	Preferred	OTC
capsaicin crm 0.033%, 0.035%, 0.075%	Preferred	OTC, (QL 120 gm per 25 DS)
capsaicin liq 0.015%	Preferred	OTC
capsaicin lotion 0.035%	Preferred	OTC
capsaicin/menthol gel 0.25/10%	Preferred	OTC
Castiva®	Non-Preferred	
ciclopirox	Preferred	
Cleocin T®	Non-Preferred	
clindamycin gel, lotion, soln	Preferred	
clindamycin phos- benzoyl peroxide gel 1-5%	Preferred	QL; Initial Limit: Acanya, BenzaClin, Onexton: 50 grams per 25 days Duac: 45 grams per 25 days Post-Limit PA: Diagnosis only. Post-limit allows for approval of additional quantities.
clindamycin phos-benzoyl peroxide gel 1.2-2.5%	Preferred	QL; Initial Limit: Acanya, BenzaClin, Onexton: 50 grams per 25 days; Duac: 45 grams per 25 days Post-Limit PA: Diagnosis only. Post-limit allows for approval of additional quantities.
clindamycin phos-benzoyl peroxide gel 1.2-3.75%	Preferred	QL; Initial Limit: Acanya, BenzaClin, Onexton: 50 grams per 25 days Duac: 45 grams per 25 days Post-Limit PA: Diagnosis only. Post-limit allows for approval of additional quantities.
clobetasol propionate gel, oint 0.05%	Preferred	QL

DRUG	TIER	NOTES
clobetasol propionate cream	Preferred	QL, Initial Limit: 120 grams or 120 mL per 25 days; Post-Limit PA: Requested drug is being prescribed for a corticosteroid-responsive dermatosis or condition AND is not being used in a footbath. Post-limit allows for approval of additional quantities.
clobetasol propionate foam 0.05%	Preferred	QL
clobetasol propionate soln 0.05%	Preferred	QL
clotrimazole	Preferred	
Condylox®-	Non-Preferred	
Cortizone-10®	Non-Preferred	
Cutivate®	Non-Preferred	
desonide crm, lotion, oint 0.05%	Preferred	
Desowen®	Non-Preferred	
desoximetasone crm 0.05%	Preferred	QL (120 QY per 25 DS)
desoximetasone crm, oint 0.25%, gel	Preferred	QL (120 QY per 25 DS)
Diprolene®	Non-Preferred	
Diprolene AF®	Non-Preferred	
docosanol cream 10%	Preferred	
Efudex®	Non-Preferred	
Elocon®	Non-Preferred	
emollient	Preferred	Aquaphor, Aveeno, Eucerin & generics
erythromycin soln	Preferred	
erythromycin/benzoyl peroxide	Preferred	
fluocinolone acetonide crm, oint 0.025%	Preferred	
fluocinolone acetonide soln 0.01%	Preferred	QL (120 QY per 25 DS)
fluocinonide crm, gel, oint 0.05%	Preferred	QL (120 QY per 25 DS)
fluocinonide soln 0.05%	Preferred	QL (120 QY per 25 DS)
fluorouracil crm 5%	Preferred	
fluticasone propionate crm 0.05%, oint	Preferred	QL (120 QY per 25 DS)
gentamicin 0.1% crm, oint	Preferred	QL; Initial Limit: 120 grams per 25 days Post-Limit PA: Requested drug is being used for treatment of a primary or secondary bacterial infection of the skin AND is not being used in a footbath. Post-limit allows for approval of additional quantities.
halobetasol propionate crm, oint 0.05%	Preferred	QL (120 QY per 25 DS)
hydrocortisone butyrate crm, oint 0.1%	Preferred	QL (120 QY per 25 DS)
hydrocortisone butyrate soln 0.1%	Preferred	
hydrocortisone/aloe vera crm 0.5%, 1%	Preferred	OTC
hydrocortisone crm, gel, lotion, oint, soln	Preferred	OTC
hydrocortisone crm, lotion, oint 2.5%	Preferred	QL
hydrocortisone oint 0.5%	Preferred	OTC

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DRUG	TIER	NOTES
Imiquimod	Preferred	
isotretinoin	Preferred	PA
ketoconazole crm 2%	Preferred	QL
ketoconazole shampoo 2%	Preferred	QL (120 mL per 25 DS)
Klaron®	Non-Preferred	
Lac-Hydrin®	Non-Preferred	
Lidoderm patch®	Non-Preferred	PA, QL (30 per 25 DS)
lidocaine patch 4%	Preferred	QL, PA
lidocaine patch 5%	Preferred	QL, PA
lidocaine/benzalkonium chloride	Preferred	OTC
lidocaine/prilocaine kit	Preferred	
lidocaine/prilocaine crm	Preferred	QL
Locoid®	Non-Preferred	
Loprox®	Non-Preferred	
Malathion	Preferred	ST
Metrocream®	Non-Preferred	
Metrogel®	Non-Preferred	ST
metronidazole crm 0.75%	Preferred	QL; Initial Limit: 60 grams per 25 days Post-Limit PA: Requested drug is being used for the treatment of rosacea AND is not being used in a footbath. Post-limit allows for approval of additional quantities.
metronidazole gel 0.75%	Preferred	QL; Initial Limit: 60 grams per 25 days Post-Limit PA: Requested drug is being used for the treatment of rosacea AND is not being used in a footbath. Post-limit allows for approval of additional quantities.
metronidazole gel 1%	Preferred	ST, QL; Initial Limit: 60 grams per 25 days Post-Limit PA: Requested drug is being used for the treatment of rosacea AND is not being used in a footbath. Post-limit allows for approval of additional quantities.
metronidazole lotion 0.75%	Preferred	QL; Initial Limit: 60 mL per 25 days Post-Limit PA: Requested drug is being used for the treatment of rosacea AND is not being used in a footbath. Post-limit allows for approval of additional quantities.
Micatin®	Non-Preferred	
miconazole	Preferred	OTC

DRUG	TIER	NOTES
mometasone crm, lotion, oint 0.1%	Preferred	QL (30 QY per 25 DS)
mupirocin oint 2%	Preferred	QL; Initial Limit: 30 grams per 25 days Post-Limit PA: requested drug will not be used in a footbath AND if being prescribed for certain indications/treatment scenarios, additional quantities will be approved.
Natroba®	Non-Preferred	ST
neomycin/bacitracin/polymyxin B	Preferred	OTC
Neosporin®	Non-Preferred	OTC
Nizoral Shampoo®	Non-Preferred	
nystatin powder, oint, crm,	Preferred	QL (120 GM per 25 DS)
Olux®	Non-Preferred	
Ovide®	Preferred	ST
permethrin	Preferred	OTC
podofilox soln	Preferred	
Polysporin®	Non-Preferred	OTC
povidone/iodine	Preferred	OTC
Protopic®	Non-Preferred	ST
Retin-A®	Non-Preferred	
selenium sulfide shampoo 1%	Preferred	OTC
selenium sulfide shampoo 2.5%	Preferred	
Selsun Blue®	Non-Preferred	
Silvadene®	Non-Preferred	
silver sulfadiazine	Preferred	
spinosad	Preferred	ST
sulfacetamide lotion 10%	Preferred	
tacrolimus ointment 0.1%, 0.03%	Preferred	ST
Temovate®	Non-Preferred	
Tinactin®	Non-Preferred	
tolak	Preferred	
tolnaftate	Preferred	OTC
Topicort®	Non-Preferred	
tretinoin	Preferred	PA
triamcinolone acetonide crm, lotion, oint 0.01%	Preferred	QL
triamcinolone acetonide crm, oint 0.5%	Preferred	QL
Ultravate®	Non-Preferred	
Mouth/Throat/Dental Agents		
chlorhexidine	Preferred	
lidocaine viscous	Preferred	
Peridex®	Non-Preferred	
Prevident®	Non-Preferred	
sodium fluoride	Preferred	

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DRUG	TIER	NOTES
triamcinolone paste	Preferred	
Ophthalmic		
Acular®	Non-Preferred	
Acular LS®	Non-Preferred	
Alphagan P®	Non-Preferred	
Artificial Tears®	Non-Preferred	
artificial tears oint, soln	Preferred	OTC
azelastine	Preferred	
bacitracin	Preferred	
Betagan®	Non-Preferred	
betaxolol 0.5%	Preferred	
Bleph-10®	Non-Preferred	
brimonidine 0.15%	Preferred	
brimonidine 0.2%	Preferred	
Ciloxan®	Non-Preferred	
Ciprodex®	Non-Preferred	
ciprofloxacin soln	Preferred	
Cortisporin Otic®	Non-Preferred	
Cosopt®	Non-Preferred	
cromolyn sodium	Preferred	
dexamethasone sodium phosphate	Preferred	
diclofenac sodium	Preferred	
dorzolamide	Preferred	
dorzolamide/timolol maleate	Preferred	
erythromycin	Preferred	
gentamicin 0.3% solution	Preferred	QL; Initial Limit: 4 bottles (5 mL each) 20 mL per 25 days Post-Limit PA: requested drug is being used for treatment of an ocular bacterial infection AND is not being used in a footbath. Post-limit allows for approval of additional quantities.
fluorometholone 0.1% susp	Preferred	
FML Liquifilm®	Non-Preferred	
ketorolac 0.4%	Preferred	
ketorolac 0.5%	Preferred	
ketotifen	Preferred	OTC
latanoprost	Preferred	
levobunolol	Preferred	
levofloxacin	Preferred	
Maxitrol®	Non-Preferred	
metipranolol	Preferred	
Natacyn®	Preferred	
neomycin/polymyxin	Preferred	

DRUG	TIER	NOTES
neomycin/polymyxin B/dexamethasone	Preferred	
neomycin/polymyxin B/gramicidin	Preferred	
neomycin/polymyxin B/hydrocortisone	Preferred	
Neosporin®	Non-Preferred	
Ocuflox®	Non-Preferred	
ofloxacin	Preferred	
polymyxin B/bacitracin	Preferred	
polymyxin B/trimethoprim	Preferred	
Polytrim®	Non-Preferred	
Pred Forte®	Non-Preferred	
prednisolone acetate 1%	Preferred	
prednisolone phosphate 1%	Preferred	
sulfacetamide soln 10%	Preferred	
sulfacetamide/prednisolone phosphate	Preferred	
timolol maleate	Preferred	
timolol maleate gel	Preferred	
Timoptic®	Non-Preferred	
Timoptic-XE®	Non-Preferred	
Tobradex®	Non-Preferred	
tobramycin soln	Preferred	
tobramycin/dexamethasone susp	Preferred	
Tobrex®	Preferred	
trifluridine	Non-Preferred	
Trusopt®	Non-Preferred	
Xalatan®	Non-Preferred	
Xiidra®	Preferred	PA, QL (60 mL per 25 DS)
Zaditor®	Non-Preferred	
OTIC		
acetic acid	Preferred	
Ciprodex	Non-Preferred	
ciprofloxacin/dexamethasone	Preferred	
neomycin/polymyxinB/hydrocortisone	Preferred	
ofloxacin	Preferred	
VAGINAL		
acetic acid solution	Preferred	
clotrimazole	Preferred	
miconazole	Preferred	